

South Carolina Department of Insurance 1201 Main Street, Suite 1000, Columbia, South Carolina 29201

Governor

Mailing Address: P. O. Box 100105, Columbia, SC 29202-3105 Telephone: (803) 737-6095

SCOTT RICHARDSON **Director of Insurance**

MARK SANFORD

CERTIFICATION OF COMPLETION OF PRELICENSING EDUCATION REQUIREMENTS

Name of Applicant:			
Last	First	M.I.	Jr., Sr.
Social Security Number or License numbe	r (if already licensed in South	Carolina):	
SECTION I. COMPLETION OF PRE This is to certify that the above applicant Education. The completed course is: (chec			Prelicensing Insurance
	oker Classroom Course lbondsman Course		
School or Sponsoring Entity:			
Course Name:	Edition:		
South Carolina Course Approval Number	:		
Date Course Completed:			
	Certificate expires 24 months aft	er issued.	
	Oriș	ginal Signature of Instructor or	Other Official
	Nan	ne and Title (Typed or Printed)	

This form must be submitted by the applicant along with the required paperwork. Original form must be submitted.